

## STATISTICAL DATA SHEET

### STATE OF SOUTH DAKOTA DSS/CPS INDEPENDENT LIVING SKILLS PROGRAM

Please complete the entire form. DSS/CPS must maintain a database on all children served. This information is mandatory for federal funding. The database will be kept strictly confidential and DSS/CPS will not release any information on the children served unless required by the funding agency.

Teen's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Race/Ethnic Group: \_\_\_\_\_

Name of Tribe (if applicable): \_\_\_\_\_

Marital status of teen: \_\_\_\_\_

Parental status of teen (# of dependents): \_\_\_\_\_

Agency: \_\_\_\_\_ Date of custody order: \_\_\_\_\_

Temporary custody: \_\_\_\_\_ Permanent custody: \_\_\_\_\_

Does the teen have contact with birth parent (s): Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency of contact (Be specific): \_\_\_\_\_

\_\_\_\_\_

An additional requirement is a follow-up contact(s) with the teen after he/she leaves care. For this reason, we are asking you to include a person(s) other than CPS/DOC workers who is likely to have continued involvement with the teen for six months or more after they leave care.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Living Arrangement:

\_\_\_\_\_ Treatment Center

\_\_\_\_\_ Relative Placement

\_\_\_\_\_ Foster Care

\_\_\_\_\_ Independent Living

\_\_\_\_\_ Group Care

\_\_\_\_\_ Other \_\_\_\_\_

List any special needs that the teen has: \_\_\_\_\_

\_\_\_\_\_

Other ILS activities the teen has attended:

\_\_\_\_\_ Money Management

\_\_\_\_\_ Alcohol/Drug Education

\_\_\_\_\_ Legal Issues

\_\_\_\_\_ Employability Skills

\_\_\_\_\_ Health and Sexuality

\_\_\_\_\_ Food Management

\_\_\_\_\_ Personal Appearance/Hygiene

\_\_\_\_\_ Housekeeping Skills

\_\_\_\_\_ Interpersonal Skills

\_\_\_\_\_ ILS Teen Conference / Year \_\_\_\_\_

\_\_\_\_\_ Other/Please explain: \_\_\_\_\_

Person completing data sheet: \_\_\_\_\_

Signature